

APPENDIX A-1:
Data Abstraction Tool: Exclusive Breast Milk Feeding (NEWB-1)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Updated text throughout this tool is marked by the use of the Emphasis font style. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____
2. Provider ID (PROVIDER-ID) _____ (AlphaNumeric)
3. First Name (FIRST-NAME) _____
4. Last Name (LAST-NAME) _____
5. Birthdate (BIRTHDATE) ____ - ____ - ____
6. Sex (SEX)
 - ☐ Female
 - ☐ Male
 - ☐ Unknown
7. Race Code - (MHRACE) (Select One Option)
 - ☐ R1 American Indian or Alaska Native
 - ☐ R2 Asian
 - ☐ R3 Black/African American
 - ☐ R4 Native Hawaiian or other Pacific Islander
 - ☐ R5 White
 - ☐ R9 Other Race
 - ☐ UNKNOW Unknown/not specified
8. Hispanic Indicator- (ETHNIC)
 - ☐ Yes
 - ☐ No
9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) _____
(Alpha/Numeric)
10. Admission Date (ADMIT-DATE) ____ - ____ - ____
11. Discharge Date (DISCHARGE-DATE) ____ - ____ - ____

12. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

- ☐ 103 Medicaid: Includes MassHealth FFS and MassHealth Limited
- ☐ 104 Medicaid: Primary Care Clinician (PCC) Plan
- ☐ 208 Medicaid Managed Care – Boston Medical Center HealthNet Plan
- ☐ 116, 274 Medicaid Managed Care – Tufts Health Together Plan
- ☐ 118 Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership
- ☐ 119 Medicaid Managed Care - Other (not listed elsewhere)
- ☐ 312 Medicaid: Fallon 365 Care (ACO)
- ☐ 313 Medicaid: Be Healthy Partnership with Health New England (ACO)
- ☐ 314 Medicaid: Berkshire Fallon Health Collaborative (ACO)
- ☐ 315 Medicaid: BMC HealthNet Plan Community Alliance (ACO)
- ☐ 316 Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)
- ☐ 317 Medicaid: BMC HealthNet Plan Signature Alliance (ACO)
- ☐ 318 Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)
- ☐ 321 Medicaid: My Care Family with Allways Health Partners (ACO)
- ☐ 324 Medicaid: Tufts Health Together with Atrius Health (ACO)
- ☐ 325 Medicaid: Tufts Health Together with BIDCO (ACO)
- ☐ 326 Medicaid: Tufts Health Together with Boston Children's (ACO)
- ☐ 327 Medicaid: Tufts Health Together with CHA (ACO)
- ☐ 328 Medicaid: Wellforce Care Plan (ACO)
- ☐ 320 Medicaid: Community Care Cooperative (ACO)
- ☐ 322 Medicaid: Partners Healthcare Choice (ACO)
- ☐ 323 Medicaid: Steward Health Choice (ACO)
- ☐ 311 Medicaid: Other ACO

13. What is the patient's MassHealth Member ID? (MHRIDNO) _____
(Alpha characters must be upper case)

14. Length of Stay (Length of Stay (in days) = Discharge Date minus Admission Date)

- ☐ > 120 days (Review Ends)
- ☐ < = 120 days

15. ICD-10-CM Other Diagnosis Code (Table 11.21)

- ☐ On Table 11.21 (Review Ends)
- ☐ All Missing or None on Table 11.21

16. ICD-10-CM Principal or Other Procedure Codes (Table 11.22)

- ☐ At least one on Table 11.22 (Review Ends)
- ☐ All Missing or None on Table 11.22

17. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP)

(Select One Option)

- ☐ 01 = Home
- ☐ 02 = Hospice- Home
- ☐ 03 = Hospice- Health Care Facility
- ☐ 04 = Acute Care Facility (Review Ends)
- ☐ 05 = Other Health Care Facility (Review Ends)
- ☐ 06 = Expired (Review Ends)
- ☐ 07 = Left Against Medical Advice / AMA
- ☐ 08 = Not Documented or Unable to Determine (UTD)

18. Is there documentation that the newborn was at term or ≥ 37 completed weeks of gestation at the time of birth? (TRMNB)

- ☐ 1. Yes
- ☐ 2. No (Review Ends)
- ☐ 3. UTD (Review Ends)

19. Was the newborn admitted to the NICU at this hospital at any time during the hospitalization?

(ADMNICU)

- ☐ Yes (Review Ends)
- ☐ No

20. Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization? (EXBRSTFD)

- ☐ Yes
- ☐ No